

216017990  
96373

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 155	Agency Case No. B6-038287	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/04/2016		TIME OF ACCIDENT 0530	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0530	05/04/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. SW 5th		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
South Street						
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b					
1	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13176108		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	CHAD M HEIN		PHONE	402-441-7204	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/13/1974	
1	575 S. 10th Street, LINCOLN, NE 68508		CITY OF LINCOLN		402-441-7204	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
2	575 S. 10th Street, Lincoln, NE 68508		CITATION NO.		38	
H	LICENSE PLATE	GM NO.	29334	YEAR (Plate Expires)	STATE (Of Plate)	NE
4	VEHICLE	2010	Dodge	CHA	4 door Sedan	white
V1/O	VEHICLE ID NO. (VIN)	2B3AA4CV2AH207567		INSURANCE COMPANY	States Self-Insurers Risk Ret Grp	
V2/O	TOWED TO	TOWED BY		POLICY NO.	44075	
3	635 J Street		Capital Towing		44075	
VEHICLE NO. 2						
I	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER			PHONE	LOCAL NO.	
1	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
V2/P	OWNER		PHONE		LOCAL NO.	
J	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	
01	CITATION NO.		CITATION NO.		38	
V1/Q	LICENSE PLATE	NO.	29334	YEAR (Plate Expires)	STATE (Of Plate)	NE
V2/Q	VEHICLE	2010	Dodge	CHA	4 door Sedan	white
1	VEHICLE ID NO. (VIN)	2B3AA4CV2AH207567		INSURANCE COMPANY	States Self-Insurers Risk Ret Grp	
K	TOWED TO	TOWED BY		POLICY NO.	44075	
03	635 J Street		Capital Towing		44075	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-038287

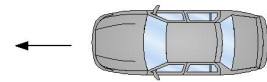
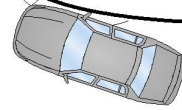
Indicate  
North  
by Arrow



SW 5th  
St

POI: 10' North of the  
edge of South Street  
8' East of the  
East edge of SW5th

South Street



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

The driver of Veh 1 was traveling westbound on South Street and was making a right turn onto SW 5th Street. The tires on the passenger side went off the edge of the concrete. The tires hit the edge of a slab of concrete that was raised up several inches from the surrounding concrete causing damage to the rims on the passenger side.

Vehicle 1 = SW cruiser #188

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	
1				X	South Street				POINT OF IMPACT		POINT OF IMPACT		4	2	Y	Y	Y
2									POINT OF IMPACT		POINT OF IMPACT		N	X	N	N	
1	05	06 Turning left			MOST DAMAGED AREA		03	MOST DAMAGED AREA		MOST DAMAGED AREA		MOST DAMAGED AREA		BAC LEVEL			
2		08 Entering traffic lane			MOST DAMAGED AREA		03	MOST DAMAGED AREA		MOST DAMAGED AREA		MOST DAMAGED AREA		ALCOHOL/DRUGS SUSPECTED		Driver No. 1 1	
01 Essentially straight ahead				09 Leaving traffic lane				00 None		02		03		04		1 Neither alcohol nor drugs suspected	
02 Backing				10 Parked				09 Top & windows		01		02		03		2 Yes - alcohol suspected	
03 Changing lanes				11 Slowing or stopped in traffic				10 Undercarriage		04		05		06		3 Yes - drugs suspected	
04 Overtaking/Passing				12 Other				11 Total (all areas)		06		07		08		4 Yes - alcohol & drugs suspected	
05 Turning right				13 Unknown				12 Other		08		07		06		5 Unknown	

OFFICER NO. 1439	TROOP/TEAM/BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jason Goodwin		INVESTIGATOR SIGNATURE Approved by Sergeant Jason Goodwin	DATE OF REPORT 05/04/2016